

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99160 Office of Registrar of Vital Statistics. Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 10th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Kunigunda Dittmeris

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 5 Years, 5 Months, White Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, City

Birth Place, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, During lifetime.

Place of Death, { Give Street and Number. } 508 Biddle Alley

Cause of Death, { First (Primary), Second (Immediate), } Eclampsia
Exhaustion

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, March 11 1887

Undertaker, A. Rosenberger M. D.

Place of Business, 61 Park Ave. Address, Peuna Ave. & Roberts.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 99161

Office of Registrar of Vital Statistics.

Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, 10 Apr 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Mills

Sex, ~~Male~~ or ~~Female~~, { Cross out the word not required in this line. }

Age, 82 Years, 1 Month, ✓ Days.

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Laborer

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 1514 W. Pratt st

Cause of Death, { First (Primary), Second (Immediate), } Bronchitis & Asthma
(acute) Bronchitis & Erysipelas

Duration of Last Sickness, One week - ailing all winter

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 12

Undertaker, J.B. Cook } John Hood, M. D.

Medical Attendant.

Place of Business, 2003 W. Baltimore Address, 1403 W. Fayette st.

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[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No. 99164 Office of Registrar of Vital Statistics. Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, April 9-88

Full Name of Deceased, Edward Clayton

Sex, Male or Female, Male

Age, 67 Years, Months, Days.

Color, W

Married, Single, Widow or Widower, Merchant

Occupation, Merchant

Birth Place, MS

Duration of Residence in the City of Baltimore, Life

Place of Death, 12-E. Montgomery St

Cause of Death, Morbus Brightii, Asthenia

Duration of Last Sickness, in bed several days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Apr 11th 1888

Undertaker, Geo A Strauss M. D.

Place of Business, 715 Light Address, 98 Montgomery St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No. 99163 Office of Registrar of Vital Statistics. Ward 5

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No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 10th 1887

Full Name of Deceased, Chas. S. Vausant

Sex, Male or Female, M.

Age, 9 Years, 11 Months, 1 Days.

Color, W.

Married, Single, Widow or Widower, S

Occupation, None

Birth Place, Balt.

Duration of Residence in the City of Baltimore, Life time

Place of Death, 1207 E. Madison St

Cause of Death, Pertussis
Convulsions

Duration of Last Sickness, 5 mos.

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, April 12th

Undertaker, George Schilling

Place of Business, Ashland Square

D. V. Moyer M. D.

Medical Attendant, J. H. H.

Address, 728 Disputant St

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[OVER.]

Health Department, City of Baltimore.

Permit No. 99164 Office of Registrar of Vital Statistics.

Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 9 to 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hugh J. O'Ferrall

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 3 Years, 10 Months, 21 Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 328 N. Calmar St.

Cause of Death, { First (Primary), Second (Immediate), } Tubercular Meningitis
Arteriosclerosis

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Landon Park

Date of Burial, April 7 1887 J. Miller M. D.

{ Undertaker, W. Cadogan Medical Attendant.

{ Place of Business 227 N. Holliday St. Address, 639 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 99165

Office of Registrar of Vital Statistics.

Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 9/87

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Margaret Orr

Sex, Male or Female,

{ Cross out the word not required in this line. }

Female

Age,

84

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Ireland

Duration of Residence in the City of Baltimore,

62 years

Place of Death,

{ Give Street and Number. }

115 Pierce St. old W.

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Dropsy from heart disease

Duration of Last Sickness,

6 months

All the above information should be furnished by the Physician.

Place of Burial,

Western Cemetery

Date of Burial,

April 11th 1887

Undertaker,

M. Cadogan

Geo W. Whinn's

M. D.

Medical Attendant.

Place of Business,

227 W. Baltimore

Address, 1501 Pruntnan

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Physician is respectfully invited to fill in the blanks below, and to list of diseases on back of this certificate.

Health Department, City of Baltimore.

Permit No. 99166 Office of Registrar of Vital Statistics. Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April, 9th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annabelle Handy

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 5 Years, 16 Months, 16 Days

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, City

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Spring lifetime

Duration of Residence in the City of Baltimore, 1 Tenant (old no)

Place of Death, { Give Street and Number. } Eclampsia

Cause of Death, { First (Primary), Second (Immediate), } Exhaustion

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Peters Cemetery

Date of Burial, April 11 1887

Undertaker, W. Ricketts M. D. Medical Attendant.

Place of Business, 41 Howard St Address, Penn Ave + Roberts St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

Health Department, City of Baltimore.

Permit No. 99167 Office of Registrar of Vital Statistics.

Ward 15th

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 9/87.

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Elizabeth Tall

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

about 41 Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give Street and Number. }

9 Annandale Lane

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Acute Consumption.

Duration of Last Sickness,

About 4 weeks

All the above information should be furnished by the Physician.

Place of Burial,

St Peters Cgm

Date of Burial,

April 11th 1887

{ Undertaker,

E. F. Manserison

{ Place of Business,

703 Hanover

Address,

Jonathan Dispensary

Julius Hall M. D.

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No. 99168 Office of Registrar of Vital Statistics. Ward 3^d
 The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
 No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 10th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sidy Keys

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, — Years, 7 Months, 15 Days

Color, Black

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } ✓

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto. Md.

Duration of Residence in the City of Baltimore, 7 mo & 15 days

Place of Death, { Give Street and Number. } 15, BETHLE ST. (old numb)

Cause of Death, { First (Primary), Second (Immediate), } pneumonia
asthma

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel am

Date of Burial, April the 11 1887

{ Undertaker, W. Blothkamp & Co Place of Business, 1709 E Lombard st Address, — }

Wm H. Morris M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99169

Office of Registrar of Vital Statistics.

Ward

6^c

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 10th 1887

Full Name of Deceased, Billean Denny
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male
{ Cross out the word not required in this line. }

Age, 1 Years, 10 Months, Days.

Color, Colored

Married, Single, Widow or Widower, Widow
{ Cross out the words not required in this line. }

Occupation,

Birth Place, Baltimore
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, 2343 W. Elder St
{ Give Street and Number. }

Cause of Death, Pneumonia
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Lawrence

Date of Burial, April 11th 1887

Undertaker, W. B. Thompson & Co. John A. G. M. D.
Medical Attendant.

Place of Business, 1209 E. Lombard Address, 1937 E. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]